



DEPARTMENT OF
INTELLECTUAL AND
DEVELOPMENTAL DISABILITIES

REQUEST TO AMEND THE INITIAL PLAN OF CARE

- This form is intended to be used only to amend the Initial Plan of Care prior to the development of the comprehensive Individual Support Plan (ISP).
- If the requested waiver service requires a physician order, please attach a copy.
- Upon approval, this form serves as an amendment to the Initial Plan of Care and must be included in the file with the approved Pre-Admission Evaluation (PAE).

Person Supported: _____ SSN: _____ Date of Birth: _____

Service Name	Service Code	Provider Name & Provider Code	Start & End Date	Unit Rate & Type	# of Units & Cost	Decision		
						Approved	Denied	Approved w/ Mod

ISC or Case Manager: _____ Signature: _____ Date: _____

Regional Office Reviewer: _____ Signature: _____ Date: _____